

**Deferred Presentment Application  
Application Guidelines**

Section 1

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## Attention Applicants

This Department will only accept:

- Current application documents
- Legibly completed forms
- Complete application packets.

Refer to the instructions & checklist provided

Make all checks payable to:

“Arizona Department of Financial Institutions”  
and

Mail the entire completed application packet all together to:

Arizona Department of Financial Institutions  
Licensing Division  
2910 N. 44<sup>th</sup> Street, Suite 310  
Phoenix, AZ 85018

Make Copies of Your Entire Application Package Before Submission:

- The Department cannot make copies for you.  
and
- If there are questions during the processing of your application, you will have the information available for reference.

Application Instructions for License under Arizona Revised Statutes 6–1251 et Seq.

Please Read The Following Carefully Before You Complete The Enclosed Documents.

The enclosed application package is to be used by all applicants: corporations companies, firms, partnerships, association or individuals. Until the Superintendent of Financial Institutions has issued the license to you, you cannot conduct the activity of a Deferred Presentment Company as defined in Arizona Revised Statutes section 6–1251.

**To Submit an Application** to the Arizona Department of Financial Institutions you *must* have the following completed with the appropriate agencies and a copy of the approved document(s) attached to your application.

**Application Name:** The application name must be identical on all forms (e.g., articles, application, trade name certificate, etc.) Identical means spaces, periods, comma’s, etc. (e.g., “Company Name, L.L.C.” would not be “Co. Name LLC”). Failure to submit the required documents will delay the processing of your application while these items are being amended.

|   |   |
|---|---|
| Arizona State Corporation Commission<br>1300 W. Washington St., Phoenix, AZ 85007<br>Telephone (602) 542-3135 or <a href="http://www.cc.state.az.us">www.cc.state.az.us</a> . | Arizona Secretary of State<br>14 N. 18th Avenue, Phoenix, AZ 85007<br>Telephone (602)542-6187 or <a href="http://www.azsos.gov">www.azsos.gov</a> |
|---|---|

**If you wish to apply as a:**

**Corporation:** Contact the **Arizona State Corporation Commission**. You *must* submit an approved copy of your articles of incorporation and any amendments thereto with your application.

**Foreign Corporation:** Contact the **Arizona State Corporation Commission**. If your corporation has been incorporated in a state other than Arizona, the corporation must be authorized to conduct business in this state. You *must* submit a copy of the approved application for authority and a copy of your Articles of Incorporation from the state for which you are incorporated.

**Limited Liability Company:** Contact the **Arizona State Corporation Commission**. They will assist you in either forming under Arizona law or applying for registration to transact business in Arizona as a foreign limited liability company. You *must* submit an approved copy of the articles of organization (for domestic companies) or a copy of the approved registration (for foreign companies) with your application.

**If you wish to apply as a:**

**Partnerships:** Contact the Secretary of State. Limited Partnership’s or Foreign Limited Partnership’s *must* provide an approved copy of your partnership agreement.

**Sole Proprietorship / Individual:** Contact the Secretary of State. Must use his or her own name when filing as an individual, otherwise you must register your dba or trade name, see DBA/Trade Name below.

**DBA/Trade Name:** Contact the Secretary of State. To do business under a “DBA” or a “trade name”, you must register your DBA or trade name. You *must* submit an approved copy of your certificate of trade name registration with your application. You are allowed to do business in Arizona under one name only.

Do not forward your application to this Department until you have received your approved documents from the Arizona State Corporation Commission and/or the Arizona Secretary of State.



## Deferred Presentment Application

### Instructions

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### Other Application Requirements

**Financials:** A current financial statement that has been prepared in accordance with GAAP must accompany this application. This must include a statement of operations and retained earnings and a statement of changes in financial position. It must also include notes to the financial statement, if applicable. If this statement was prepared more than 3 months prior to the date this application is filed, a balance sheet prepared within the previous 3 months which has been certified by the applicant must be provided.

**Minimum Net Worth** in cash or cash equivalents. Determined in accordance with GAAP, of at least fifty thousand dollars.

**Personal History Statement (PH) and Fingerprint Card (FP):** Are required to be completed by each of the top five (5) executive officers, directors, shareholders, members, partners, trustees, employees or any other interested party of the applicant. If the applicant is an individual, he/she must complete both the PH and FP documents. If the applicant is a corporation a PH and FP must be completed by each of the (5) highest corporate officers. In the event, the corporation has only one officer, then any manager(s), director(s) or anyone in a managerial/responsible position should also complete a PH and FP. Each member of a limited liability company and all partners in a partnership must complete the PH and FP. Do not leave any questions unanswered. Fingerprints must be taken by a law enforcement agency. Prior to submitting a completed application, you will need to request the appropriate number of fingerprint cards from this website. **Fingerprint fees must be submitted on a separate check from all other fee types.** The Personal History Statements and Fingerprint Cards must be submitted as part of the original application package. Our fingerprint cards must be used. Review Fingerprint Card Instructions sheet enclosed. The FBI will reject incorrect card processing and retakes will be required.

**Verification of Licenses Issued by Other States:** If applicant holds like or similar licenses from other states, include a copy of the licenses with your application.

**Fees:** All fees are payable to the "Arizona Department of Financial Institutions" Nonrefundable application fees are for the principal AZ location one thousand dollars (\$1,000) and for each branch location five hundred dollars (\$500). Twenty-nine dollar (\$29.00) processing fee for each fingerprint card. NOTE: Fingerprint processing fees are to be submitted on a separate check from all types of fees.

### Application Information

**Application:** Complete all enclosed forms. Do not leave any questions unanswered. If a question does not apply to you or if, the answer to the question is 'none', so state on the application. Information cannot be copied from other documents that you may have submitted previously. We do not accept applications that are not completely filled out. Make photocopies of the completed forms for your records, this department will not provide them for you. Be sure to review the *CheckList* provided.

**Process Time:** The time it takes to process an application is dependent on the completeness and accuracy of the forms submitted. If the submitted forms are not properly completed, they will be returned to you. This may result in a substantial delay. Be sure to review the *CheckList* provided. In the event, your application is returned to you, or if the licensing section requests additional information, your prompt response will help reduce the processing time. If you fail to provide the necessary information needed to make our decision within the statutory required time frame, your license application will be withdrawn and you will have to reapply.

**The licensing year is August 1 through July 31.** If a license is issued on or prior to June 30, you must renew. Consider this when making initial application. You may choose to delay the issuance of the license until August 1 if you submit your application no more than forty-five (45) days prior to the new licensing year and your written request of postponement accompanies your application.

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**Instructions**

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**Licensee Information:**

**Renewal:** Renewal forms are mailed to the principal AZ address of record 4 to 6 weeks prior to June 30. It is the licensee's responsibility to make sure that they receive their renewal forms and submit them timely. It is suggested that in order to ensure timely renewal of your license(s) you should establish an internal procedure which guarantees that your renewal and renewal fee payment is received by this department no later than June 30. There is no provision for filing a late renewal.

**Changes to Your License:** Business name, address, phone number, officers, or a change of control. If any of these items change after you have received your license, you must report the change in writing to the Department immediately.



# Deferred Presentment Application

## Statutes and Rules

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A license granted by this Department entitles you to engage in that particular business for which the license is issued.

Be advised, however, that adherence to and compliance with all applicable Statutes and Rules is your responsibility.

Statutes and Rules may be found on the Department's website at [azdfi.gov](http://azdfi.gov). They may also be obtained at the Main Public Library located at 1221 North Central Ave., Phoenix, or your attorney. Statutes and Rules may be purchased from the Secretary of State at (602) 542-4086 or [www.azsos.gov](http://www.azsos.gov)

All fees charged are authorized, pursuant to, A.R.S. Section 6-126.

| License Type                            | Statutes and Rules  | Maximum License Issuance Time in Days |
|---|---|---------------------------------------|
| Advance Fee Loan Brokers                | A.R.S. Section 6-1301 through 6-1310  | 60                                    |
| Collection Agencies                     | A.R.S. Section 32-1001 through 32-1057<br>Rules R20-4-1501 through R20-4-1530 | 45                                    |
| Commercial Mortgage Bankers             | A.R.S. Section 6-971 through 6-985<br>Rules R20-4-1901 through R20-4-1911     | 120                                   |
| Consumer Lender                         | A.R.S. Section 6-601 through 6-675<br>Rules R20-4-501 through R20-4-536       | 120                                   |
| Debt Management                         | A.R.S. Section 6-701 through 6-716<br>Rules R20-4-601 through R20-4-620       | 60                                    |
| Deferred Presentment                    | A.R.S. Section 6-1251 through 6-1263  | 120                                   |
| Escrow Agents                           | A.R.S. Section 6-801 through 6-847<br>Rules R20-4-701 through R20-4-706       | 120                                   |
| Money Transmitters                      | A.R.S. Section 6-1201 through 6-1219  | 120                                   |
| Mortgage Brokers                        | A.R.S. Section 6-901 through 6-910<br>Rules R20-4-901 through R20-4-926       | 120                                   |
| Mortgage Bankers                        | A.R.S. Section 6-941 through 6-948<br>Rules R20-4-1801 through R20-4-1812     | 120                                   |
| Motor Vehicle Time Sales Disclosure Act | A.R.S. Section 44-281 through 44-295  | 45                                    |
| Premium Finance Companies               | A.R.S. Section 6-1401 through 6-1419  | 120                                   |
| Trust Companies                         | A.R.S. Section 6-851 through 6-867<br>Rules R20-4-801 through R20-4-816       | 150                                   |



# Deferred Presentment Application

## Check List

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- ☐ One check for the \$1,000 license fee
- ☐ And one check for the total number of fingerprint cards  
\$29.00 fee per fingerprint card (# of Cards \_\_\_\_\_ x Fee = \$ \_\_\_\_\_)
- ☐ Application (Signed And Notarized)
- ☐ Surrender Agreement (Signed and Notarized)
- ☐ W-9 Form/Request For Taxpayer Identification
- ☐ Current Financial Statement ☐ Personal or ☐ Corporate
- ☐ Minimum Net Worth ☐ \$50,000 in cash or cash equivalents
- ☐ Statement of Fees Charged (Must be in English and Spanish)

### The Following Items If Applicable

- ☐ Articles Of Incorporation (approved copy) ☐ Amendments (approved copy)
- ☐ Articles Of Organization (approved copy) ☐ Amendments (approved copy)
- ☐ Partnership Agreement (approved copy)
- ☐ Foreign Authority (approved copy)
- ☐ Certificate Of Good Standing (if incorporated for more than one year)
- ☐ Trade Name Certificate – Optional - (approved copy)
- ☐ **Current** Financial Statement on parent company
- ☐ Enclose copies of licenses held in other states

### For Each Of The Top 5 Officers

- ☐ Personal history statements (signed and notarized in both locations)
- ☐ Driver license copies
- ☐ Fingerprint cards (top portion identification data must be completed)
- ☐ Letter of explanation for derogatory credit and/or criminal history issues

### Did You Remember To:

- ☐ Answer all questions on all forms or complete with “None” or “N/A”
- ☐ Sign and notarize all documents where applicable
- ☐ Make copies of the completed application packet for your records
- ☐ Type or print all information on all documents

Make checks payable to: **Arizona Department of Financial Institutions**



## Deferred Presentment Application

### Application

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This application must be completed by typewriter or legibly printed

Do not leave blanks – if not applicable use “None” or “N/A”

Make additional copies of any page or attach a separate sheet if addition space is necessary

Filing as a: ☐ Corporation ☐ Partnership ☐ Limited Liability Company ☐ Individual ☐ Other

TAX ID#: \_\_\_\_\_

### To The Superintendent Of Financial Institutions:

1. \_\_\_\_\_  
(Corporate title, trade or individual name under which business is to be operated) hereby applies for a license to engage in and carry on the business of a DEFERRED PRESENTMENT COMPANY, pursuant to the provisions of Title 6, Chapter 12, Arizona Revised Statutes.
  - a. DBA/Trade Name: (If Applicable) \_\_\_\_\_
  - b. \_\_\_\_\_  
Address of Principal Arizona Business Office (City) (State) (Zip)
  - c. ( ) - ( ) - ( ) -  
Telephone No. Fax No. Toll Free No.
  - d. \_\_\_\_\_  
Business: Web Page Address and E-mail Address
2. \_\_\_\_\_  
Mailing address (if different from number 1. b. above) (City) (State) (Zip)
  - a. ( ) - ( ) - ( ) -  
Telephone No. Fax No. Toll Free No.
3. \_\_\_\_\_  
Corporate office address (if different from number 1. b. above) (City) (State) (Zip)
  - a. ( ) - ( ) - ( ) -  
Telephone No. Fax No. Toll Free No.
4. \_\_\_\_\_  
Parent Company Name, address and telephone number, if applicable.  
( ) - ( ) - ( ) -  
Telephone No. Fax No. Toll Free No.
5. State Incorporated \_\_\_\_\_ date incorporated \_\_\_\_ / \_\_\_\_ / \_\_\_\_
  - a. Date of foreign authorization to conduct business in Arizona \_\_\_\_ / \_\_\_\_ / \_\_\_\_
6. Ownership must equal 100%. List all shareholders that control 25% or more of the outstanding voting shares.

| Name of Owner | Percent | Name of Owner | Percent |
|---------------|---------|---------------|---------|
|               |         |               |         |
|               |         |               |         |
|               |         |               |         |
|               |         |               |         |

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7. List the Top (5) officers/directors of the company (See instructions under Personal History). State the name and business information of each of the applicant's executive officers, directors and controlling persons. Must complete a personal history statement and fingerprint card. List the official capacity of each person and the number of years such person has been engaged in the Deferred Presentment Company business.

a. \_\_\_\_\_  
 (Name) (Business Address) (Capacity) (Yrs in Bus)

List interests in other Arizona businesses/ventures and capacity in each \_\_\_\_\_

b. \_\_\_\_\_  
 (Name) (Business Address) (Capacity) (Yrs in Bus)

List interests in other Arizona businesses/ventures and capacity in each \_\_\_\_\_

c. \_\_\_\_\_  
 (Name) (Business Address) (Capacity) (Yrs in Bus)

List interests in other Arizona businesses/ventures and capacity in each \_\_\_\_\_

d. \_\_\_\_\_  
 (Name) (Business Address) (Capacity) (Yrs in Bus)

List interests in other Arizona businesses/ventures and capacity in each \_\_\_\_\_

e. \_\_\_\_\_  
 (Name) (Business Address) (Capacity) (Yrs in Bus)

List interests in other Arizona businesses/ventures and capacity in each \_\_\_\_\_

8. \_\_\_\_\_  
 Statutory Agent Name Address City State Zip Telephone No.

9. State location of each Branch office in Arizona, if any.

a. \_\_\_\_\_  
 (Number & Street) (City) (State) (Zip)

\_\_\_\_\_ (Telephone) (Fax)  
 (Branch Manager)

b. \_\_\_\_\_  
 (Number & Street) (City) (State) (Zip)

\_\_\_\_\_ (Telephone) (Fax)  
 (Branch Manager)

c. \_\_\_\_\_  
 (Number & Street) (City) (State) (Zip)

\_\_\_\_\_ (Telephone) (Fa  
 (Branch Manager)





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10. Has applicant or any executive officer, director, shareholder, member, partner, trustee, employee or any other interested party;
- been convicted in any jurisdiction of any felony or other crime that involved breach of trust or dishonesty? Yes ☐ No ☐
  - had an order entered against him/her by an administrative agency of any jurisdiction and the order is based on conduct that involves fraud, deceit or misrepresentation? Yes ☐ No ☐
  - had a financial judgment ordered against him/her in a civil action based on fraud, deceit or misrepresentation? Yes ☐ No ☐
  - filed bankruptcy within the past ten years? Yes ☐ No ☐

**NOTE:** If you answered yes to any of the above (10. a through d), you must furnish complete details on a separate sheet.

*11. Must have name and telephone number of individual to be notified of any additional requests pertaining to this application.*

\_\_\_\_\_ ( ) - ext. \_\_\_\_\_ ( ) -  
 Print Name Telephone Number Fax Number

## AFFIDAVIT

STATE OF \_\_\_\_\_ )  
 ) ss  
 COUNTY OF \_\_\_\_\_ )

*I (print your name) \_\_\_\_\_ being duly sworn, depose and say that I have signed the foregoing application as (print your title) \_\_\_\_\_ of the above named applicant, having full authority to sign such application in said capacity; that I have read said application and that the information contained therein is true.*

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Applicant Signature)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
 (Notary Public Signature)

\_\_\_\_\_  
 My Commission Expires



## Deferred Presentment Application Licensee Surrender Agreement

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Licenses may be issued before the completion of the investigation process of your application. This is due to the delay in obtaining certain verification of information provided to the Department in your application package. Please read, sign and notarize this form and return with the application package.

I have read and completely understand the conditions relating to issuance of this license and agree to surrender upon demand the license issued by the Department of Financial Institutions of Arizona, if any negative or derogatory information of any type is discovered during the investigation of the license application. If asked to surrender the license, I will do so immediately and cease conducting the business activity relating to the license.

*ACCEPTED*

\_\_\_\_\_  
(Name of Company)

By: \_\_\_\_\_ (print) \_\_\_\_\_  
(Signature of Principal Officer) (Name of Principal Signer)

Date: \_\_\_\_\_ (print) \_\_\_\_\_  
(Title of Principal Signer)

### NOTARIZATION OF SIGNATURE

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.

Subscribed and Sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_  
year of \_\_\_\_\_ at \_\_\_\_\_  
(City and State)

\_\_\_\_\_  
Notary Public

My Commission expires \_\_\_\_\_



## Deferred Presentment Application

### Personal History Statement

Section 07

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The entries made in this form are subject to verification. **Insure that they are complete and accurate since providing false information or omitting significant information in this form is a criminal offense** The information entered herein is for official use only and will be maintained in confidence.

**Legibly Print Or Type All Information. Do Not Leave ANY Blank Spaces- There Must Be An Answer Provided For Each Inquiry. Therefore, If Not Applicable Use "None" Or "N/A"**

**Do Not Add Attachments In Lieu Of Completing Our Forms.** If additional space is needed after completing the space provided for an inquiry on our form then make additional copies of that page or attach a separate sheet if additional space is still necessary.

#### A. GENERAL:

1. 

|                                   |              |            |       |        |
|-----------------------------------|--------------|------------|-------|--------|
|                                   | Mr. Ms. Mrs. |            |       |        |
| Position (Title/Owner/RI/AM etc.) | Circle One   | Name: Last | First | Middle |
2. 

|                           |      |       |     |             |
|---------------------------|------|-------|-----|-------------|
|                           | ( )  |       |     |             |
| Residence Address: Street | City | State | Zip | Res. Phone: |
3. Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_
4. Alias(es) Nicknames, or changes in name: \_\_\_\_\_ Maiden Name (if any): \_\_\_\_\_
5. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_ Color of Hair: \_\_\_\_\_
6. Scars, Physical Defects, Distinguishing marks: \_\_\_\_\_
7. Drivers License No. & State of Issue: \_\_\_\_\_ **(Attach a Eligible copy of your License)**
8. Do you have a history of mental or nervous disorder? ☐ Yes ☐ No
9. Are you now or have you ever used or been addicted to the use of habit forming drugs such as narcotics or barbiturates? ☐ Yes ☐ No
10. Have you ever used any narcotic drug, dangerous drug, hallucinatory drug or any other substance deemed to be unlawful to possess or use? ☐ Yes ☐ No
11. Are you now or have you ever been a chronic user to excess of alcoholic beverages? ☐ Yes ☐ No
12. Has an order, injunction or judgment, whether or not final, been entered against you in a civil action on account of fraud, misrepresentation or deceit? ☐ Yes ☐ No

**If the answer to any of the above is "Yes", furnish complete details in "Remarks" Section "T" page 3.**

13. Are you presently a member of a Military Reserve or National Guard Organization? ☐ Yes ☐ No  
If "Yes", complete the following. Grade: \_\_\_\_\_ Unit and Location: \_\_\_\_\_

#### B. CRIMINAL RECORD:

**Have you ever been;**

1. detained, held, arrested, indicted, or summoned into court as a defendant in a criminal proceeding? ☐ Yes ☐ No
2. convicted, fined or imprisoned or placed on probation? ☐ Yes ☐ No
3. ordered to deposit bail or collateral for the violation of any law, ordinance, police regulation or military regulation? ☐ Yes ☐ No
4. detained, held or arrested for a traffic violation? ☐ Yes ☐ No

**If the answer is "Yes" to ANY of the above questions, complete the following**

| Date | Offense | Location of Offense | Disposition |
|------|---------|---------------------|-------------|
|      |         |                     |             |
|      |         |                     |             |
|      |         |                     |             |

**(Additional space available in "Remarks" Section "T" page 3)**



## Deferred Presentment Application

### Personal History Statement

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**C. EMPLOYMENT:** (Show every employment you have had and all periods of employment for the past ten (10) years in chronological order with the most recent first. **You Must Include Complete Addresses**)

| Date<br>From / To | Name and <b>Complete Address</b> of Employer<br>(include street, city, and zip)<br><b>Resumes or Personal References – Are Not Accepted As<br/>Employment Verification</b> | Position/<br>Title | Supervisor | Reason for<br>Leaving |
|-------------------|--|--------------------|------------|-----------------------|
|                   |  |                    |            |                       |
|                   |  |                    |            |                       |
|                   |  |                    |            |                       |
|                   |  |                    |            |                       |
|                   |  |                    |            |                       |
|                   |  |                    |            |                       |
|                   |  |                    |            |                       |

1. Did any of the above employment's require a security clearance? ☐ Yes ☐ No

2. Have you ever been refused Bond? ☐ Yes ☐ No

**If the answer is "Yes", to either of the above explain in "Remarks" Section "T" page 3.**

**D. MEMBERSHIP:** (in past and/or present organizations, show all memberships you have had for the past ten (10) years.)

| Name of Organization | Type | Date<br>From / To |
|----------------------|------|-------------------|
|                      |      |                   |
|                      |      |                   |
|                      |      |                   |
|                      |      |                   |
|                      |      |                   |
|                      |      |                   |

**E. EDUCATION:** (Account for all schools attended other than primary grades K-8)

| Dates<br>From / To | Name and Location of School | Degree |
|--------------------|-----------------------------|--------|
|                    |                             |        |
|                    |                             |        |
|                    |                             |        |
|                    |                             |        |
|                    |                             |        |
|                    |                             |        |



## Deferred Presentment Application

### Personal History Statement

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**F. FAMILY:** (Identify all family members, including children and siblings)

| Relationship                    | Name | Current Address |
|---------------------------------|------|-----------------|
| Father:                         |      |                 |
| Mother:                         |      |                 |
| Spouse: (First and Maiden Name) |      |                 |
| Children/Brothers/Sisters:      |      |                 |
|                                 |      |                 |
|                                 |      |                 |
|                                 |      |                 |
|                                 |      |                 |

**G. RESIDENCES:** (Show all residences for the past ten (10) years in chronological order with the most recent first)

| Date<br>From / To | Street and Number and City | State and Zip |
|-------------------|----------------------------|---------------|
|                   |                            |               |
|                   |                            |               |
|                   |                            |               |
|                   |                            |               |
|                   |                            |               |
|                   |                            |               |
|                   |                            |               |

**H. ATTACHMENTS:**

- Have you attached a **legible** copy of your drivers' license? ☐ Yes ☐ No
- Have you attached your **completed** (according to the fingerprint card instructions) fingerprint card? ☐ Yes ☐ No
- A letter of explanation and resolve of **any past or current derogatory credit or criminal issues**? ☐ Yes ☐ No ☐ N/A

If No, why not? \_\_\_\_\_

**I. REMARKS:** (Furnish complete details attach additional sheets if necessary)

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**Deferred Presentment Application  
Personal History Statement**

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**Read, Sign & Notarize Both Top & Bottom Portion Of This Document**

## AFFIDAVIT

STATE OF \_\_\_\_\_  
\_\_\_\_\_ )ss  
COUNTY OF \_\_\_\_\_

I certify that the above entries made by me are true, complete, and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(Date)\_\_\_\_\_  
(Signature)

### NOTARIZATION OF SIGNATURE

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
My commission expires:\_\_\_\_\_  
(Notary Public)

## AFFIDAVIT (part 2)

STATE OF \_\_\_\_\_  
\_\_\_\_\_ )ss  
COUNTY OF \_\_\_\_\_

I, (Print Your Name) \_\_\_\_\_ in connection with  
(Print Company Name) \_\_\_\_\_ and pursuant  
to the provisions of the Arizona Revised Statutes, hereby authorize the Superintendent of Financial Institutions,  
the Attorney General of Arizona and their agents, to examine or receive a copy of any record maintained by the  
United States Armed Forces, or any Governmental Body, or any University, College or Board of Education of any  
state, or any bank or credit agency, relating to me, in the same manner and to the same extent as if I personally  
applied for the same, and I hereby authorize such records be disclosed or furnished in accordance with any request  
made by or on behalf of the Superintendent of Financial Institutions, the Attorney General of Arizona or their  
agents.

\_\_\_\_\_  
(Date)\_\_\_\_\_  
(Signature)

### NOTARIZATION OF SIGNATURE

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
My commission expires:\_\_\_\_\_  
(Notary Public)



## Deferred Presentment Application Fingerprint Card Instructions

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Fingerprints must be done by a Law Enforcement Department.  
See Arizona Administrative Code R20-4-103.

See Application Instructions under “Personal History Statement & Fingerprint Card” for fingerprint instructions; then order your fingerprint cards from our Department. To request fingerprint cards, go to the Licensing page of our website [azdfi.gov](http://azdfi.gov) or fax us your request at (602) 381-1225.

Fingerprint cards are forwarded to the Arizona Department of Public Safety for processing by the Federal Bureau of Investigation. The FBI sets the following rules for the submission of fingerprint cards:

### One Card Per Person

- **ORI Field on fingerprint card must have Phoenix, AZ information or be blank.** It cannot have another State’s information in that field. Do not use white out material.
- **Do not use a highlighter on the fingerprint card.** The FBI’s scanners cannot record the information if card contains highlighter.
- **Do not overlap the borders of the block in which you enter information.** The scanners cannot read information that overlaps the block.
- **Do not use whiteout on the fingerprint card.** If information on the card needs to be changed, you may use a white address label affixed within the blue borders of the block.
- **Do not overlap any information into the actual fingerprint area.**
- **Do not enter any information in the block entitled “Employer and Address”.** The Department will enter this information.
- **Do not enter any information in the block entitled “Reason Fingerprinted”.** The Department will enter this information.
- **Do not alter any preprinted information on the fingerprint card.**

Failure to adhere to these guidelines may result in the fingerprint card being returned and a new card required to be submitted.

Fingerprint fees must be on a separate check if other fees are being enclosed.

**MAKE CHECK PAYABLE TO: Arizona Department of Financial Institutions**



## Deferred Presentment Application Fingerprint Card Instructions

Section 8

Page 2 of 2

### Note

You may use any fingerprint card that is identical to the one shown below, as long as there is no preprinted information on the card. All fields must be blank unless received from the Arizona Department of Financial Institutions.

**Do Not** write in any field marked "Leave Blank". Complete all remaining identifying information fields. If there are fields that do not apply, enter N/A.

**Review** fingerprint card instructions above.

|   |  |   |  |   |  |   |  |                           |  |                                    |  |
|---|--|---|--|---|--|---|--|---------------------------|--|------------------------------------|--|
| <b>APPLICANT</b>                        |  | LEAVE BLANK<br>//Leave Blank//            |  | TYPE OR PRINT ALL INFORMATION IN BLACK<br>LAST NAME <u>NAM</u> FIRST NAME MIDDLE NAME       |  |   |  |                           |  | FBI LEAVE BLANK<br>//Leave Blank// |  |
| SIGNATURE OF PERSON FINGERPRINTED       |  | ALIASES <u>AKA</u>                        |  | OR I<br>//Leave Blank//   |  | DATE OF BIRTH <u>DOB</u><br>Month Day Year      |  | PLACE OF BIRTH <u>POB</u> |  |                                    |  |
| RESIDENCE OF PERSON FINGERPRINTED       |  | CITIZENSHIP <u>CIT</u>                    |  | SEX <u>MA</u> RACE <u>W</u> AGE <u>21</u> WEIGHT <u>150</u> EYES <u>BLU</u> HAIR <u>BRN</u> |  | FOUR NO. <u>OCA</u><br>//Leave Blank//          |  | FBI NO. <u>FBI</u>        |  | ARMED FORCES NO. <u>MNU</u>        |  |
| DATE                                    |  | SIGNATURE OF OFFICIAL TAKING FINGERPRINTS |  | SOCIAL SECURITY NO. <u>SOC</u>  |  | MISCELLANEOUS NO. <u>MNU</u><br>//Leave Blank// |  | CLASS                     |  | REF.                               |  |
| EMPLOYER AND ADDRESS<br>//Leave Blank// |  | REASON FINGERPRINTED<br>//Leave Blank//   |  | //Leave Blank//   |  | //Leave Blank//                                 |  | //Leave Blank//           |  | //Leave Blank//                    |  |

  

|             |  |             |  |              |  |            |  |               |  |
|-------------|--|-------------|--|--------------|--|------------|--|---------------|--|
| 1. R. THUMB |  | 2. R. INDEX |  | 3. R. MIDDLE |  | 4. R. RING |  | 5. R. LITTLE  |  |
| 6. L. THUMB |  | 7. L. INDEX |  | 8. L. MIDDLE |  | 9. L. RING |  | 10. L. LITTLE |  |

Sample





## Deferred Presentment Application

### Personal Financial Statement

Section 09

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**Do Not Use for Business Statement****Legibly Print Or Type All Information**

**There Must Be An Answer Provided For Each QUESTION. Therefore, If Not Applicable Use "None" Or "N/A"**  
**Schedule's, Details and Descriptions MUST be completed in space provided and by attachments if necessary.**

**Total Assets MUST EQUAL Total Liabilities and Net Worth**

#### Describe Any Unusual Assets or Liabilities

Name \_\_\_\_\_ Financial Condition As Of \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mo/day/yr)

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Occupation \_\_\_\_\_

Customer at what financial institution \_\_\_\_\_ (office)

| ASSETS   | AMOUNT | LIABILITIES                                 | AMOUNT |
|--|--------|---|--------|
| Cash in Bank                                     |        | Notes Payable to Bank                       |        |
| Cash in other Banks (detail)                     |        | Notes payable to Other Banks (detail)       |        |
|  |        |   |        |
| Ordinary Accounts receivable - Good              |        | Ordinary Accounts Payable                   |        |
| Due from Friends and Relatives (describe)        |        | Due to Friends & Relatives (describe)       |        |
|  |        |   |        |
| Notes Receivable - Good (Sched 1)                |        | Notes Payable to Others (describe)          |        |
| Mortgages Owned (Sched 1)                        |        | Automobile Loans or Leases                  |        |
| Readily Marketable Securities (Sched 4)          |        |   |        |
| Other Securities (Sched 4)                       |        | Due to Brokers                              |        |
| Cash Surrender Value of Life Insurance (Sched 5) |        | Loans on Life Insurance (Sched 5)           |        |
| Real Estate & Buildings (Sched 2)                |        | Mortgages or Liens on Real Estate (Sched 3) |        |
| Automobiles                                      |        | Installment Loans                           |        |
| Personal Property                                |        | Income Taxes Payable                        |        |
| Other Assets (describe)                          |        | Other Taxes Payable                         |        |
|  |        | Other Liabilities (describe)                |        |
|  |        | Credit Cards                                |        |
|  |        | <b>TOTAL LIABILITIES</b>                    |        |
|  |        | <b>NET WORTH (Assets Minus Liabilities)</b> |        |
| <b>TOTAL ASSETS</b>                              |        | <b>TOTAL LIABILITIES and Net Worth</b>      |        |

#### APPROXIMATE ANNUAL INCOME AND EXPENSE (EXCLUSIVE OF ORDINARY LIVING EXPENSES)

| INCOME  | AMOUNT | FIXED EXPENSES                           | AMOUNT |
|---|--------|--|--------|
| Salary From _____                                 |        | Insurance Premiums                       |        |
| Income from Securities                            |        | Rent or Mortgage Payments                |        |
| Real Estate Rental                                |        | Income Taxes (for year _____)            |        |
| Net Income form Business or Profession            |        | Other Taxes                              |        |
| Other (Alimony, child support or separate maint.) |        | Other (Include alimony, child support or |        |
|   |        | separate maintenance payments if you are |        |
|   |        | obligated to make them.                  |        |
|   |        |  |        |
| <b>TOTAL INCOME</b>                               |        | <b>TOTAL</b>                             |        |

- Are the above evaluations on receivable conservative? ☐ Yes ☐ No (If no, explain by separate letter)
- Are any assets pledged or debts secured except as indicated? ☐ Yes ☐ No (If yes, itemize by debt and security)
- Do you have any contingent liabilities for guarantees, endorsements or otherwise? ☐ Yes ☐ No (If yes, explain)
- Do you do business with any other bank? ☐ Yes ☐ No (If yes, nature of business)



## Deferred Presentment Application

### Personal Financial Statement

Section 09

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5. If you are married are any of the above assets your spouse's separate property? ☐ Yes ☐ No (If yes, itemize)
6. Are there any suits, judgments, tax deficiencies or other claims pending or in prospect against you? ☐ Yes ☐ No (If yes, explain by separate letter)
7. Have you ever gone through bankruptcy or compromised a debt? ☐ Yes ☐ No (If yes, explain by separate letter)
8. Have you made a will? ☐ Yes ☐ No Who is named executor of estate? \_\_\_\_\_

### COMPLETE THE FOLLOWING SCHEDULES

#### SCHEDULE 1 - NOTES AND MORTGAGES OWNED

Describe here or on separate sheet any important or unusual receivables.

| Name Of Debtor | Amount Due | How Payable | Remarks (Include description & value of any security) |
|----------------|------------|-------------|---|
|                |            |             |   |
|                |            |             |   |
|                |            |             |   |
|                |            |             |   |
|                |            |             |   |

#### SCHEDULE 2 - REAL ESTATE AND BUILDINGS

Provide details of encumbrances on Schedule 3 opposite proper parcel number.

| Parcel | Location & Description<br>(Include improvements) | Monthly<br>Income | Title In<br>Name Of | Value<br>On Land | Improvements | Encumbrances<br>Amount | Fire Ins.<br>Amount |
|--------|--|-------------------|---------------------|------------------|--------------|------------------------|---------------------|
| No. #1 |  |                   |                     |                  |              |                        |                     |
| No. #2 |  |                   |                     |                  |              |                        |                     |
| No. #3 |  |                   |                     |                  |              |                        |                     |
| No. #4 |  |                   |                     |                  |              |                        |                     |
| No. #5 |  |                   |                     |                  |              |                        |                     |

What is the basis for the above valuations? (State whether cost, fair market value today or other basis) \_\_\_\_\_

Are there any properties held on joint tenancy? ☐ Yes ☐ No Parcel numbers \_\_\_\_\_

#### SCHEDULE 3 - REAL ESTATE ENCUMBRANCES

| Parcel | Amt. Owning<br>Per Sched 2 | Nature Of Encumbrance<br>And To Whom Payable | Interest<br>Rate | Due<br>Date | Payment<br>Amount | *Are Interest &<br>Principal Current.                    |
|--------|----------------------------|--|------------------|-------------|-------------------|--|
| No. #1 |                            |  |                  |             |                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| No. #2 |                            |  |                  |             |                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| No. #3 |                            |  |                  |             |                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| No. #4 |                            |  |                  |             |                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| No. #5 |                            |  |                  |             |                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |

\*If any payments of principal or interest are delinquent provide details. \_\_\_\_\_

Are any taxes delinquent? ☐ Yes ☐ No (If yes, give amount and details) \_\_\_\_\_

Are there any unrecorded deeds, liens or other claims not shown above? \_\_\_\_\_



# Deferred Presentment Application

## Personal Financial Statement

Section 09

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### SCHEDULE 4 - SECURITIES OWNED

Attach separate schedule sheet if needed.

| Stock - Shares,<br>Bond Amounts | Description | Value Carried<br>On This<br>Statement | Current Market<br>On Listed Amount |        | Estimated Value on Unlisted |        |          |
|---------------------------------|-------------|---------------------------------------|------------------------------------|--------|-----------------------------|--------|----------|
|                                 |             |                                       | @                                  | Amount | @                           | Amount | Ann. Div |
|                                 |             |                                       |                                    |        |                             |        |          |
|                                 |             |                                       |                                    |        |                             |        |          |
|                                 |             |                                       |                                    |        |                             |        |          |
|                                 |             |                                       |                                    |        |                             |        |          |
|                                 |             |                                       |                                    |        |                             |        |          |
|                                 |             |                                       |                                    |        |                             |        |          |
|                                 |             |                                       |                                    |        |                             |        |          |

In whose name are the above securities held? \_\_\_\_\_

If in names of yourself and co-owner, are they joint tenancy? \_\_\_\_\_

### SCHEDULE 5 - INSURANCE

Public liability on autos \$ \_\_\_\_\_ Property Damage on Autos \$ \_\_\_\_\_

#### LIFE INSURANCE

| Beneficiary | Amount Of Policy | Cash Value | Amount Of Liens | Net Cash Value |
|-------------|------------------|------------|-----------------|----------------|
|             | \$               | \$         | \$              | \$             |
|             | \$               | \$         | \$              | \$             |
|             | \$               | \$         | \$              | \$             |
|             | \$               | \$         | \$              | \$             |
|             | \$               | \$         | \$              | \$             |

**I certify that the above information provided by me is true,  
complete and correct to the best of my knowledge and belief.**

---

 Date

---

 Signature



# Deferred Presentment Application

## Corporate Financial Statement

Section 10

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Name of Corporation: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Financial Conditions At Close Of Business On \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MO/DAY/YEAR)

| ASSETS  |                   | LIABILITIES                                     |                 |
|---|-------------------|---|-----------------|
| Cash on Hand and in Bank                              | \$ _____          | Accounts Payable - Not Due                      | \$ _____        |
| Accounts Rec. Customers - Current                     | \$ _____          | Accounts Payable - Past Due                     | \$ _____        |
| Accounts Rec. Customers - Past Due                    | \$ _____          | Notes Payable                                   | \$ _____        |
| Total Accounts Receivable                             | \$ _____          | Notes Payable Other Banks                       | \$ _____        |
| Less: Reserve Doubtful Accts.                         | \$ _____ \$ _____ | Notes or Trade Acceptances Payable for Mdse.    | \$ _____        |
| Notes Receivable - Customers                          | \$ _____          | Other Notes Payable                             | \$ _____        |
| Less: Reserve Doubtful Notes                          | \$ _____ \$ _____ | Portion of Equipment Contracts and Chattel      |                 |
| Trade Acceptances Receivable                          | \$ _____          | Mortgages Due Within One Year                   | \$ _____        |
| Merchandise - Finished                                | \$ _____          | Due Officers and Stockholders (Sched 2)         | \$ _____        |
| Merchandise - In Process                              | \$ _____          | Due Controlled or Affiliated Concerns (Sched 6) | \$ _____        |
| Merchandise - Raw Materials                           | \$ _____          | Reserve for Income Taxes                        | \$ _____        |
| Readily Marketable Securities (Sched 3)               | \$ _____          | Other Taxes Payable                             | \$ _____        |
|   |                   | Accrued Liabilities                             | \$ _____        |
|   |                   |   |                 |
|   |                   |   |                 |
| Net Cash Surrender Value of Life Insurance (Sched 1)  | \$ _____          | Portion of Long Term Debt Due within One Year   | \$ _____        |
|   |                   |   |                 |
| <b>TOTAL CURRENT ASSETS</b>                           | <b>\$ _____</b>   | <b>TOTAL CURRENT LIABILITIES</b>                | <b>\$ _____</b> |
|   |                   |   |                 |
| Real Estate and Bldgs. (Sched 4)                      | \$ _____          | Real Estate Encumbrances (Sched 5)              | \$ _____        |
| Less: Reserve for Depreciation                        | \$ _____ \$ _____ |   |                 |
| Machinery - Equipment - Fixtures                      | \$ _____          | Non-Current Portion of Equipment Contracts      |                 |
| Less: Reserve for Depreciation                        | \$ _____ \$ _____ | and Chattel Mortgages                           | \$ _____        |
| Automobiles and Trucks                                | \$ _____          | Other Non-Current Debt (describe):              | \$ _____        |
| Less: Reserve for Depreciation                        | \$ _____ \$ _____ |   |                 |
|   |                   |   |                 |
| Investments in Controlled or Affiliated Co. (Sched 6) | \$ _____          | <b>TOTAL LIABILITIES</b>                        | <b>\$ _____</b> |
| Other Securities Owned (Sched 3)                      | \$ _____          |   |                 |
|   |                   | Other Reserves (describe): _____                | \$ _____        |
| Due from Controlled or Affiliated Co. (Sched 6)       | \$ _____          |   |                 |
| Due from Officers and Stockholders (Sched 2)          | \$ _____          |   |                 |
| Other Non-Current Receivables                         | \$ _____          | NET WORTH:                                      |                 |
|   |                   | Preferred Stock                                 | \$ _____        |
| Deferred and Prepaid Items                            | \$ _____          | Common Stock                                    | \$ _____        |
|   |                   | Capital Surplus                                 | \$ _____        |
|   |                   | Earned Surplus                                  | \$ _____        |
|   |                   | TOTAL NET WORTH                                 | \$ _____        |
|   |                   |   |                 |
| <b>TOTAL</b>  | <b>\$ _____</b>   | <b>TOTAL</b>                                    | <b>\$ _____</b> |



## Deferred Presentment Application

### Corporate Financial Statement

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**CONTINGENT LIABILITIES (not already included) If none, so state.**

On Acceptances, Contracts or Notes Discounted or Sold \$ \_\_\_\_\_

As Guarantor or Endorser for \_\_\_\_\_ \$ \_\_\_\_\_

For Merchandise Consigned by Suppliers \$ \_\_\_\_\_

Otherwise (describe) \_\_\_\_\_ \$ \_\_\_\_\_

Are any book accounts sold or assigned? Yes ☐ No ☐ Amount \$ \_\_\_\_\_

To whom? \_\_\_\_\_

With Recourse? Yes ☐ No ☐

Has full provision been made on this statement for all doubtful receivables from customers and are the foregoing valuations on them conservative? Yes ☐ No ☐

Are any assets pledged or any debts secured except as indicated? Yes ☐ No ☐ If so, please itemize by debt and security.

**COMMITMENTS:**

Approximate Purchase Commitments \$ \_\_\_\_\_

Approximate Unfilled Orders on Hand \$ \_\_\_\_\_

Describe any other unusual commitments \_\_\_\_\_

Are there any judgments, suits, or any claims for tax deficiencies now pending or in prospect against the corporation? Explain

**OPERATING RECORD FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ (DATE) TO \_\_\_\_/\_\_\_\_/\_\_\_\_ (DATE):**

*If profit and loss statement does not fit your business, please attach a statement on your own form.*

Net Sales for Period \$ \_\_\_\_\_

Cost of Goods Sold \$ \_\_\_\_\_

Gross Profit \$ \_\_\_\_\_

Selling Expense \$ \_\_\_\_\_

Administrative Expense \$ \_\_\_\_\_

General Expense \$ \_\_\_\_\_

Total Operating Expense \$ \_\_\_\_\_

Operating Profit \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_

Total Income \$ \_\_\_\_\_

Other Deductions \$ \_\_\_\_\_

Federal & State Income Tax \$ \_\_\_\_\_

Total Deductions \$ \_\_\_\_\_

Net Profit \$ \_\_\_\_\_

**Reconciliation of Surplus:**

Surplus at beginning of period \$ \_\_\_\_\_

Net Profit \$ \_\_\_\_\_

\*Surplus Credits \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Dividends Paid \$ \_\_\_\_\_

\*Surplus Debits \$ \_\_\_\_\_

Surplus as of this statement date \$ \_\_\_\_\_

\*If Surplus Adjustments involve important transactions please give details below: \_\_\_\_\_

Total Depreciation and Amortization included in above statement \$ \_\_\_\_\_

Deductions for Bad Accounts included in above statement \$ \_\_\_\_\_

Salaries to Executive Officers included in above statement \$ \_\_\_\_\_

**MONTHLY SALES**

Please enter here your approximate sales by months during the past fiscal period:

| Jan | Feb | Mar  |
|-----|-----|------|
| Apr | May | Jun  |
| Jul | Aug | Sept |
| Oct | Nov | Dec  |

**Complete the following. Include the supporting schedules.**

**OTHER BANKS USED:**

| Name  | City  | Do you borrow there?                                     | Maximum Debt Past Year |
|-------|-------|--|------------------------|
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____               |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____               |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____               |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____               |



## Deferred Presentment Application

### Corporate Financial Statement

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**RENTAL:** Does company rent? Yes ☐ No ☐  
 Present monthly rental paid \$ \_\_\_\_\_  
 Date of expiration of lease \_\_\_\_/\_\_\_\_/\_\_\_\_

**CORPORATE INFORMATION:** Under laws of what state are you incorporated? \_\_\_\_\_  
 Are all franchise taxes current? Yes ☐ No ☐  
 Are you authorized to do business in Arizona? Yes ☐ No ☐  
 Have all other legal requirements been met? Yes ☐ No ☐

No. of authorized common shares \_\_\_\_\_ Outstanding \_\_\_\_\_ Par value \$ \_\_\_\_\_  
 Year last div. paid \_\_\_\_\_ Annual rate if established \$ \_\_\_\_\_ No. of authorized pfd. shares \_\_\_\_\_  
 Outstanding \_\_\_\_\_ Par value \$ \_\_\_\_\_ Dividend preference \$ \_\_\_\_\_ Cumulative? \_\_\_\_\_  
 Div. Pd. to \_\_\_\_\_  
 Please list any trade styles used by the corporation \_\_\_\_\_

#### SCHEDULE 1 - INSURANCE

|  |  |
|--|--|
| <b>Fire Insurance:</b><br>On Merchandise \$ _____<br>On Mach'y, Equipt. and Fixtures \$ _____<br>On Buildings \$ _____ | <b>Liability Insurance:</b><br>Public Liability on Owned Autos \$ _____<br>Property Damage on Owned Autos \$ _____<br>P.L. and P.D. on Non-owned Autos \$ _____<br>Building & Elevator Pub. Liab. \$ _____ |
|--|--|

Check all that are applicable to the coverage the corporation carries:

|  |   |   |  |  |
|--|---|---|--|--|
| <input type="checkbox"/> Explosion Ins.  | <input type="checkbox"/> Steam Boiler   | <input type="checkbox"/> Auto Fire, Theft | <input type="checkbox"/> Business Interruption | <input type="checkbox"/> Products Liability  |
| <input type="checkbox"/> Riot and Strike | <input type="checkbox"/> Auto Collision | <input type="checkbox"/> Workmen's Comp   | <input type="checkbox"/> Robbery or Burglary   | <input type="checkbox"/> Machinery Breakdown |

Is the extended coverage endorsement attached to fire policies? ☐ Yes ☐ No  
 Do any policies contain a coinsurance clause? ☐ Yes ☐ No Basis \_\_\_\_\_ %  
 Is any insurance on a monthly reporting basis? ☐ Yes ☐ No  
 Are employees having custody or control of property adequately bonded? ☐ Yes ☐ No

Insurance on Lives of Officers, Directors or Other Executives Naming the Corporation as Beneficiary:

| Name of Insured | Amt. of Policy | Cash Value | Amt. of Loans | Net Cash Value |
|-----------------|----------------|------------|---------------|----------------|
|                 | \$             | \$         | \$            | \$             |
|                 | \$             | \$         | \$            | \$             |
|                 | \$             | \$         | \$            | \$             |

#### SCHEDULE 2 - OFFICERS, DIRECTORS AND PRINCIPAL STOCKHOLDERS

| Name | Title | Shares Owned |        | Officers and Stockholders Accts |                |
|------|-------|--------------|--------|---------------------------------|----------------|
|      |       | Preferred    | Common | Due to Corp                     | Due from Corp. |
|      |       |              |        |                                 |                |
|      |       |              |        |                                 |                |
|      |       |              |        |                                 |                |
|      |       |              |        |                                 |                |
|      |       |              |        |                                 |                |
|      |       |              |        |                                 |                |

#### SCHEDULE 3 - SECURITIES OWNED - Please attach separate schedule if needed.

| Stock -<br>Shares,<br>Bond -<br>Amounts | Description | Value at Which<br>Carried on<br>Corp.'s Books | Current Mkt. on Listed |        | Estimated Value on Unlisted |        |                 |
|---|-------------|---|------------------------|--------|-----------------------------|--------|-----------------|
|   |             |   | @                      | Amount | @                           | Amount | Yearly.<br>Div. |
|   |             |   |                        |        |                             |        |                 |
|   |             |   |                        |        |                             |        |                 |
|   |             |   |                        |        |                             |        |                 |
|   |             |   |                        |        |                             |        |                 |
|   |             |   |                        |        |                             |        |                 |
|   |             |   |                        |        |                             |        |                 |
|   |             |   |                        |        |                             |        |                 |



## Deferred Presentment Application

### Corporate Financial Statement

Section 10

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#### SCHEDULE 4 - REAL ESTATE AND BUILDINGS - Please give details of encumbrances on Schedule 5 opposite proper Parcel No.

| Parcel | Location and Description Include<br>Nature of Improvements | Monthly<br>Income | Title in<br>Name of | Valuation on Corp.'s Books |              | Amount of<br>Encumbrances | Assessed<br>Valuation |
|--------|--|-------------------|---------------------|----------------------------|--------------|---------------------------|-----------------------|
|        |  |                   |                     | Land                       | Improvements |                           |                       |
| No. 1  |  |                   |                     |                            |              |                           |                       |
| No. 2  |  |                   |                     |                            |              |                           |                       |
| No. 3  |  |                   |                     |                            |              |                           |                       |
| No. 4  |  |                   |                     |                            |              |                           |                       |
| No. 5  |  |                   |                     |                            |              |                           |                       |

Please designate by Parcel No. those properties used in the business \_\_\_\_\_  
 Are taxes delinquent on any of your properties? \_\_\_\_ If so, please give amount and details \_\_\_\_\_

#### SCHEDULE 5 - REAL ESTATE ENCUMBRANCES

| On Parcel<br>Number<br>Above | Amount<br>owing<br>per Sched. 4 | Nature of Encumbrance<br>And<br>To Whom Payable | Int.<br>Rate | Due Date | How Payable | Are Int. *<br>and Prin.<br>Current? |
|------------------------------|---------------------------------|---|--------------|----------|-------------|-------------------------------------|
| #1 above                     |                                 |   |              |          |             |                                     |
| #2 above                     |                                 |   |              |          |             |                                     |
| #3 above                     |                                 |   |              |          |             |                                     |
| #4 above                     |                                 |   |              |          |             |                                     |
| #5 above                     |                                 |   |              |          |             |                                     |

\*If any payments of principal or interest are delinquent, please give details \_\_\_\_\_  
 Has foreclosure been instituted? \_\_\_\_\_ Details \_\_\_\_\_

#### SCHEDULE 6 - INVESTMENTS IN AND ACCOUNTS WITH AFFILIATED CONCERNS

| Name of Affiliate | Investments  |            |         |                | Intercompany Accounts |                 |
|-------------------|--------------|------------|---------|----------------|-----------------------|-----------------|
|                   | Com. or Pfd. | No. of Sh. | % Owned | Value on Books | Free to Corp.         | Owning by Corp. |
|                   |              |            |         |                |                       |                 |
|                   |              |            |         |                |                       |                 |
|                   |              |            |         |                |                       |                 |

#### SCHEDULE 7 - PRINCIPAL SUPPLIERS - Please list concerns from which you buy large quantities and approximate amount due them on statement date.

| Name and City | Amount Owed | Name and City | Amount Owed |
|---------------|-------------|---------------|-------------|
|               | \$          |               | \$          |
|               | \$          |               | \$          |
|               | \$          |               | \$          |

GENERAL REMARKS - Please explain here or in a supplementary letter any important differences between carrying values and actual values, any unusual receivables or payables of importance, or any other factors which have a bearing on interpretation of your financial statement. \_\_\_\_\_

I certify that the above information provided by me is true,  
complete, and correct to the best of my knowledge and belief.

Date \_\_\_\_\_ Signature \_\_\_\_\_ Telephone \_\_\_\_\_ & Fax \_\_\_\_\_

2910 North 44<sup>th</sup> Street, Suite 310  
Phoenix, AZ 85018

Form: DPC-APP-001  
Revised 01/01/2006

DO NOT SEND TO IRS

Vendor MUST Print  
or Type information

## STATE OF ARIZONA

## SUBSTITUTE W-9 &amp; VENDOR AUTHORIZATION FORM

DO NOT SEND TO IRS

Vendor MUST Print  
or Type information

☒ Taxpayer Identification Number (TIN) ☒ TIN Type ☐ Employer Identification Number (EIN) ☒ State of Arizona HRIS EIN  
State of Arizona Employees ONLY

☒ Legal Name  
Must match TIN above

☒ Entity Type Select one of the following

- ☐ Corporation (NOT providing health care, medical or legal services) (5A)  
☐ Corporation (providing health care, medical or legal services) (5M)  
☐ Partnership, LLP (5T)  
☐ PLLC, LLC (5C)  
☐ Individual/Sole Proprietor (6I)  
☐ The US or any of its political subdivisions or instrumentalities (2G)  
☐ A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)  
☐ Tax-exempt organization under IRC §501 (5O)  
☐ An international organization or any of its agencies or instrumentalities (5U)  
☐ State of Arizona employee (1E)  
☐ Other, Tax reportable entity (5P)

☒ Main Address Where tax information and general correspondence is to be mailed

DBA\Branch\Location

Address

Address continued

City

State

Zip code

☒ Remit to Address ☐ Same as Main

DBA\Branch\Location

Address

Address continued

City

State

Zip code

☒ Certification

Under Penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND
- I am a U.S. person (including U.S. resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

Signature

Title

Date

STATE OF ARIZONA AGENCY USE ONLY

VENDOR: DO NOT WRITE BELOW THIS LINE

AGY

Agency Authorization

Phone #

Date

STATE OF ARIZONA GAO USE ONLY

VENDOR &amp; STATE AGENCY: DO NOT WRITE BELOW THIS LINE

☐ IRS TIN Matching☐ Corporation Commission☐ HRIS☐ Other☐ Other

Vendor Number

MC

Processed by

Date Processed